SOUTH DAKOTA
BOARD OF PHARMACY

Intern

User Guide and
New Application Instructions

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Intern New Application
Table of Contents

General Information

Initial Application General Information
1. Registration will expire September 30 each year. There is no grace period.
2. For current South Dakota Statutes and Rules pertaining to interns , go to **https://doh.sd.gov/boards/pharmacy/**, under Quick Links, see law book link options.
3. Registration fee is a **one-time** fee of $40. Renewed registrations have no fee.
4. Payment method – **Mastercard, Visa, or American Express ONLY**.
   a. If you do not have a Mastercard, Visa, or American Express, purchase a Mastercard, Visa, or American Express gift card to complete the payment for the application.

You must complete the entire renewal application process from start to finish in one sitting
1. Online system does not retain information entered until the application has been submitted and payment process is completed.
2. Have all your personal information (DOB, SSN, college name, expected graduation date) ready prior to beginning application.
3. Have NABP e-Profile number if you have one.

Required Documents to be Uploaded
1. Intern Certification of Eligibility needs to be completed and signed by your faculty representative. The document can be found at https://doh.sd.gov/boards/pharmacy/intern.aspx
   a. You may need to copy this link and paste it into your browser.
2. Recent head or head/shoulder photo of passport quality.

After Application Submission Information

After your application has been submitted, the Board will:
1. Review the application.
2. Email registrant if additional information is needed.
3. Approve or deny the application.
4. Once the registration is approved, a no-reply, automated email will be sent.

Once a new registration has been issued,
1. Instructions to set up an online profile account begin on page 8.
2. **Retain User ID/password** to have ability to access the licensing platform at any time and to renew the registration in the future.

After the registration is approved/issued and the profile account is set up, you will be able to do the following:
1. Print intern registration (instructions on page 11, Item 7b).
2. Print a payment receipt (instructions on page 12, Item 7f).
3. In your account on the My Profile page, you can also update your personal information at any time.
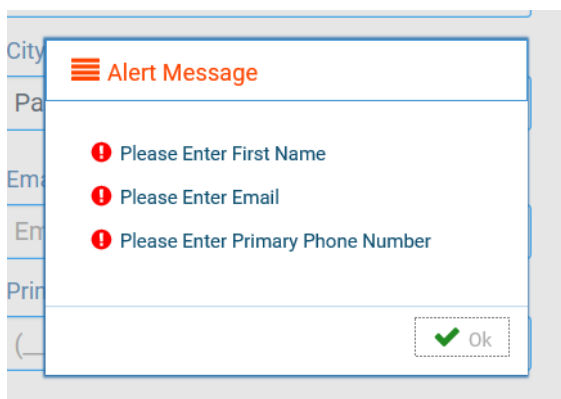   a. Please use this platform to update your personal address, phone number, and email as changes occur.

Licensure status can also be verified at:
1. Verification page: **http://doh.sd.gov/boards/pharmacy/verification.aspx.**

General Notes

1. Mandatory fields are marked with a red * in all screens and all those must be entered before clicking on next.
2. Click on Next button to go to the next screen or click on Previous button to go back to the previous screen.
3. If mandatory fields are not entered, you will get an alert message to enter missing information.

Start Application Process Here

1. Click on the link for initiating an initial Intern Registration:
   https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=61
   a. **INTERN INITIAL REGISTRATION INSTRUCTIONS** page.
      i. Below page will open with a link to the instructions.
   b. Click Next to continue.

INTERN INITIAL REGISTRATION INSTRUCTIONS

Intern registration can initially be applied for after completing one week of classes at an accredited college of pharmacy.
For application information and instructions, please go to this link: **https://doh.sd.gov/boards/pharmacy/intern.aspx**.

Next

2. **INTERN INFORMATION** page.
   a. Complete information that has a red asterisk (*****): First name, Middle Name, Last Name, Address1, Zip Code (if in South Dakota this should auto-fill the City, State, and County), Email, Date of Birth, Social Security Number, and Primary Phone .
      i. If your address is out of state and the City, State, and County does not autofill, please enter this information.
   b. Gender: select one of the options.
   c. Name of College of Pharmacy: select college of pharmacy you are attending from the drop-down list.
      i. If attending South Dakota State University, select 63—South Dakota State U – SD.
   d. Current photo: click on Attach Document to upload your current photo.
   e. Current Professional Year: select your professional year or FPEGC.
   f. Anticipated Year of Graduation: fill in the anticipated date of graduation.
   g. NABP e-profile ID: if you have an NABP e-profile #, complete this field.
   h. When completed, click Next.

INTERN INFORMATION

* First Name	* Middle Name	* Last Name
First Name	Middle Name	Last Name

Maiden Name
| Maiden Name |

Mailing Address
* Address1	Address2	Address3
Address1	Address2	Address3

* Zip	* City	* State
Zip	City	Select State

* County	* Email	* Date of Birth
Select County	Email	MM/DD/YYYY

* Social Security Number	* Primary Number	Alternate Number
Social Security Number	(__) __-__	(__) __-__

Gender
☐ Male ☐ Female

* Name of College of Pharmacy
| 63--South Dakota State U - SD |

Current Photo
[Attach Document]

PROFESSIONAL YEAR

Please select your current year (select one)
* Current Professional Year
☐ P1 ☐ P2
☐ P3 ☐ P4 ☐ FPEGC

* Anticipated Year of Graduation	NABP e-profile ID
MM/DD/YYYY	NABP e-profile ID

[Previous]   [Next]

3. **AFFIRMATION** page.
   a. Intern Certification of Eligibility Form: click on Attach Document to upload the completed Intern Certification of Eligibility Form.
   b. Click Next to continue.

AFFIRMATION

Complete the **Certification of Eligibility for Doctor of Pharmacy Candidates** form. Your faculty representative at the accredited college of pharmacy you attend needs to sign, date, and properly completed **all** information.

Intern Certification of Eligibility Form   🔗 Attach Document

Previous   Next

4. **APPLICATION INPUT PREVIEW** page.
   a. Review your information that has been input.
      i. If there are any changes needed, click on previous to correct any information.
      ii. If there are no changes, click Next.

APPLICATION INPUT PREVIEW

INTERN INITIAL REGISTRATION INSTRUCTIONS

Intern registration can initially be applied for after completing one week of classes at an accredited college of pharmacy.
For application information and instructions, please go to this link: https://doh.sd.gov/boards/pharmacy/intern.aspx.

INTERN INFORMATION

* First Name	* Middle Name	* Last Name

Maiden Name

| Maiden Name | | |

Mailing Address

* Address1	Address2	Address3
	Address2	Address3
* Zip	* City	* State

Previous   Next

5. **AFFIRM AND SUBMIT** page.
   a. Read each statement then click each box by each statement.
   b. E-Signature: enter your name as your e-signature.
   c. Select Debit or Credit: from the drop-down list, select debit or credit for the type of card you are using.
   d. Card Type: From drop-down list, select type of card you are using.
      i. **ONLY VISA, MASTERCARD, OR AMERICAN EXPRESS is accepted**.
   e. Person's Name on Card: enter in the name of the person that is on the credit card you are using.
   f. Credit Card Number: enter the credit card number of the credit card you are using.
   g. Credit Card Expiration: enter the expiration date of the credit card you are using. This is a MM/YY format.
   h. Security Code: enter the 3-digit number on the back of the credit card you are using. If using an American Express, enter the 4-digit number on back of card.
   i. Click Submit.

   j. If you entered any invalid credit card information, a message indicating that your card was invalid will pop up.
      i. Click on Ok and reenter the correct information and click on Submit to complete the application.

   k. If submission was successful, you will see a confirmation dialog box with a message indicating that your application was submitted successfully.

6. **PRINT APPLICATION** page.
   a. After application successfully submits, to print a copy of your application, click on the printer in the upper right corner.

Account Set Up

To set up an account and be able to print your registration, follow these instructions:

1. Verify your registration number at this link: https://sdbop.igovsolution.net/online/Lookups/Lookup_Individual.aspx.
   a. License/Registration Type: select intern.
   b. Verification code: enter the code to the right of this box.
   c. Last Name: Enter your last name.
   d. Click search.
   e. License/Registration Search: if the registration has been issued, results will appear at the bottom of the page in this section.
      i. Under the print column, click on the print icon to print a copy of the verificaiton.
   f. **Retain registration number to set up online Profile**.

2. **User Login** page.
   a. After confirming your license/registration number, begin setting up your account by clicking on this link: https://sdbop.igovsolution.net/online/User_login.aspx.
   b. Click on Sign up as shown below:

3. **Registration** page.
   a. Click on Individual at the top (see snip on top of next page).
   b. License Type: select intern from drop-down menu.
   c. License number: Put in your license/registration number from the verification done in item #1.
      i. Include the 'I-' prior to your license/registration number.
   d. Date of Birth: enter your date of birth in the format of MM/DD/YYYY.
   e. Click Next.

ONLINE PROFILE REGISTRATION

Registration	Step 1 / 2

☑ Individual ☐ Business

Please provide the information below.
Click here to verify your license #.

* License Type

Intern ⌄

* License Number

License Number

* Date of Birth

MM/DD/YYYY

Next

? Forgot Password

4. **Credentials** page. Complete this information.
   a. ***Retain this information for future reference and use – this information will be used to renew your registration.***
   b. Email: enter a valid email.
   c. Confirm Email: enter the same email as entered in item #4b.
   d. User Name: enter you user name.
   e. Password: enter a password. There is not a specified format for the password.
   f. Confirm Password: enter same password as used in item #4e.
   g. Click Submit.

Credentials	Step 2 / 2

* Email

Email

* Confirm Email

Confirm Email

* User Name

User Name

* Password

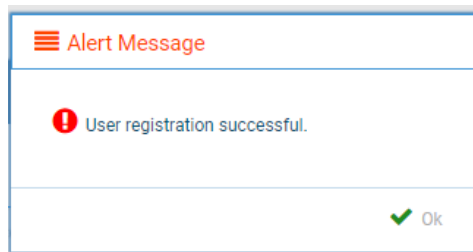| Password |
| --- |

* Confirm Password

Confirm Password

Previous   Submit

5. Registration is successful when this alert message appears.
   a. Click OK.
   b. You will be returned to the log in page.

6. **ONLINE PROFILE LOGIN** page.
   a. Once account is set up, you will return to the log in page or use this link: https://sdbop.igovsolution.net/online/User_login.aspx.
   b. Individual: click box by Individual at the top.
   c. User Name: enter your user name.
   d. Password: enter your password.
   e. Click Login.

My Profile Page

Once logged into your online account, The My Profile page is available.

7. **MY PROFILE** page.
   a. **Personal Information** section.
      i. This is not an editable section.
      ii. Your first name, middle name, and last name appears here.

b. **Registration Information** section.
   i. This is not an editable section.
   ii. License/registration information appears in this section including type of license/registration, license number, issue date, expiration date, status of license/registration, and last renewal date.
   iii. Renewal column.
      1. When renewal period is open, click on the blue renew to begin renewal of registration.
      2. Please refer to the renewal manual for complete instructions and all information needed.
   iv. Certificate column. **Print license/registration from this column**.
      1. Click on the blue print in the column to print a pdf of your license/registration.

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters		
				Current/Active		Renew	Print

c. **Home Address** section.
   i. This is an editable section.
   ii. Your home address, zip code, city, state, and county appear here.

Home Address

Edit

* Address

Address Line 2

Address Line 3

Country

Select Country

* Zip

* City

!

* State

County

   iii. To update this section, click on the edit button.
      1. Update the necessary information.
      2. Once complete, click save.

d. **Personal Phone, Email and Fax** section.
   i. This is an editable section.
   ii. Your phone number, alternate phone number, email, and fax number appear here.

Personal Phone, Email and Fax

Edit

* Phone #

Alternate Phone

(__) ___-____

* Email

Fax

(__) ___-____

   iii. To update this section, click on the edit button.
      1. Update the necessary information.
      2. Once complete, click save.

e. **Document Details** section.
   i. This section contains all the documents uploaded as part of the initial or renewal application.
   ii. This section can be used if the licensee would like to upload any additional documents outside of the renewal time period.
   iii. To upload a document:
      1. Document type: select type of document from the drop-down list.
      2. Use the attach document to select/browse the file from the local folder.
      3. Then click on the Upload document.
   iv. Any documents that are uploaded/showing in this Documents Details section can also be downloaded.
   v. Intern Hour Supportive Document.
      1. If you have submitted intern hours to the Board and hours have been processed, a document with the title Intern Hour Supportive Document will be available for you to download.
      2. This will confirm the number of hours on file with the Board.

Document Details

Documents for the application need to be uploaded during application process. Only use this section for additional documents that are requested outside of application process.
Board of Pharmacy may upload documents here for user visibility.
Document Type :

| Select | ⌄ | Documents : | 🔗 Attach | Upload Document |

Date	Document Type	File Name	User	Download
Filters	Filters	Filters	Filters	
06/28/2021	Initial Application	Initial Application		⬇
06/28/2021	Intern Eligibility Form	Intern Certification of Eligibility Form		⬇
06/28/2021	Photos	Current Photo		⬇

f. **Payment History** section.
   i. This section contains payments made for licensure.
      1. Fields include receipt #, payment method, date received, payer, amount, and print receipt.
   ii. To print a receipt, click on the printer in the receipt column for the receipt needed.

Payment History

Receipt #	Payment Method	Date Received	Payer	Amount	Receipt
Filters	Filters	...rs	Filters	Filters	
	Credit Card		-	$40.00	🖨
Page size : 20 ⌄ Records : 1 - 1 of 1				Pages : 1 of 1 ≪ ‹ 1 ⌄ › ≫ 📄📄	

g. **Renewal Details** section.
   i. This section contains status information of your renewal application.
      1. If licensure is Pending (not yet renewed) or if it has been Cleared (renewed).
      2. If it's Cleared, then in the Registration information grid will show the updated registration expiration date, Last renewal date.
   ii. Print your online submitted form, if needed, by clicking on the printer in the print column.

Renewal Details

Order ID	License Number	Renewal Date	Status	E-Signature	Print
Filters	Filters	Filters	Filters	Filters	
Page size : 20 ⌄ Records : 1 - 0 of 0				Pages : 1 of 0 ≪ ‹ ⌄ › ≫ 📄📄	

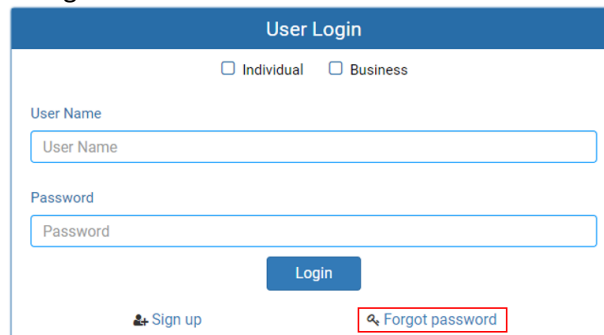# I'm having trouble getting through the licensing process.

1. Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
2. This platform does not support the use of a mobile phone.
3. If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
4. Be sure your pop-up blocker is turned off.
5. Firewalls or anti-malware protections on your system may be preventing the ability to get through the licensing process.
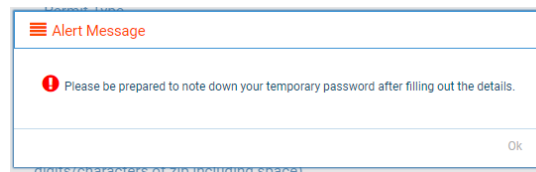
Tips

1. PDF documents are the preferred type of documents for required uploads.
2. Only upload documents during the licensing process.
   a.   **DO NOT UPLOAD** on the MyProfile page for a new or renewal application.
3. At the top of your licensure documentation, if it includes 'This is a Primary Source Verification' – **NOTE: THIS IS NOT YOUR REGISTRATION.** Refer to item #7b on page 10 to see how to print your registration.

Reset Password
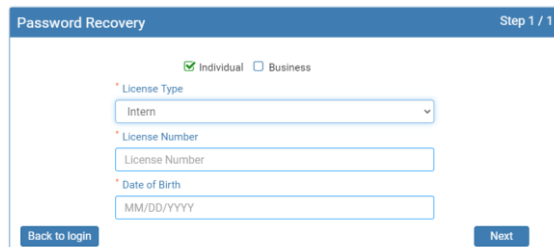
1.   At the **User Login** page, click on Forgot Password.

2.   Upon advancing to the next page, an alert message pops up.
   a.   **PLEASE NOTE THIS**: *Please be prepared to write down your temporary password after filling out the details.*
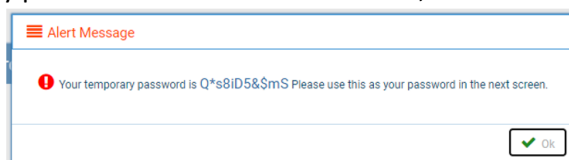   b.   Click OK.

3. **Password Recovery** Page
    a. Select Individual at the top.
    b. License type: select Intern from the drop-down menu.
    c. License number: enter your license number.
    d. Date of Birth: enter your date of birth in MM/DD/YYYY format.
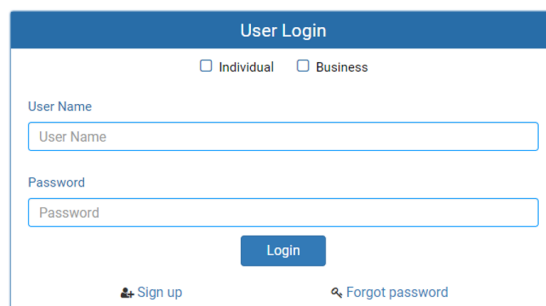   e. Click Next.

4. An Alert message will appear. **BE SURE TO RETAIN THIS PASSWORD**.
    a. *Helpful hint*: open a word document, then copy/paste the temporary password into the word document.
    b. Once the temporary password has been written down, Click OK.

5. Return to the **User Login** page.
    a. Select Individual at the top.
    b. User Name: enter your User Name.
    c. Password: Input the temporary password from the Alert Message.
    d. Click Log In.

6. **Credentials** Page
    a. Old Password: Enter your temporary password from the Alert Message as the Old Password.
    b. New Password: enter a new password.
    c. Confirm the New Password: enter your new password.
    d. Click Submit.
    e. You will return to the log in page.
    f. Enter the User name and new password to continue.